

A.C.  
12/1  
AG

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |          |
| <b>FORMALITY REVIEW</b>          | 72       | 962    | 01-25101 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |          |
|                                  |          |        |          |

**INDEX OF CLAIMS**

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| — (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | 2     | 3        | 4/2/92 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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